

DELAWARE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
APPLICATION FOR APPROVAL OF CONTINUING EDUCATION
Rules on continuing education are in Section 13.0 of the Board's Rules and Regulations. Rules may be viewed at www.professionallicensing.state.de.us.

APPLICANT INFORMATION (if not course provider)

Name of licensee: _____ Phone number: _____

Address: _____

PROVIDER/SPONSOR INFORMATION

Sponsored by: _____

Name of contact person: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

PROGRAM INFORMATION

Program title: _____

Program location: _____

Program date(s): _____

Program objectives: _____

Program presenter(s): _____

Has this course been approved by NAB? _____ If yes, the course is accepted by the Delaware Board of Examiners of Nursing Home Administrators. It is not necessary to submit application for approval.

Contact hours requested (excluding breaks): _____

Indicate delivery method of course:

_____ Classroom setting

_____ Self-study/Home study, video computer-assisted program, teleconference

Attach syllabus showing course objectives, detailed agenda showing time for each topic and names and resume(s) of presenters.

Mail this application and supporting documentation to:
Board of Examiners of Nursing Home Administrators
861 Silver Lake Blvd., Suite 203
Dover, DE 19904

BOARD DECISION

At the Delaware Board of Nursing Home Administrator's meeting held on _____, the above course was approved for _____ hrs. of continuing education credit. This approval expires on _____.

Approval #NHA-_____

Signed: _____, Administrative Specialist